

1/29/99
16526 U.S. PTO

PTO/SB/05 (2/98) (modified)
Approved for use through 9/30/2000, OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**NEW UTILITY
PATENT APPLICATION
TRANSMITTAL**

(only for new nonprovisional applications under
37 CFR 1.53(b))

Attorney Docket Number	3625
First Named Inventor	Alex E. Henderson
Total Pages in this Submission	87
Express Mail Label No.	EL263545146US

09/24/99 16526 U.S. PTO
JCS30 01/29/99

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS																													
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed</p> <p>2. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i> <input type="checkbox"/> Descriptive Title of the Invention <input type="checkbox"/> Cross Reference(s) to Related Case(s) <input type="checkbox"/> Statement Regarding Fed sponsored R & D <input type="checkbox"/> Background of the Invention <input type="checkbox"/> Brief Summary of the Invention <input type="checkbox"/> Brief Description of the Drawing(s) <input type="checkbox"/> Detailed Description <input type="checkbox"/> Claim or Claims <input type="checkbox"/> Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (<i>when necessary per 35 USC 113</i>)</p> <p>4. Oath or Declaration <p>a. <input checked="" type="checkbox"/> New Declaration <input checked="" type="checkbox"/> Executed</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> </p> <p>5. <input type="checkbox"/> Incorporation by Reference (<i>useable if Box 4b is checked</i>). The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____/_____</p> <p>Prior application information: Examiner: _____ Group/Art Unit: _____</p> <p>18. CORRESPONDENCE ADDRESS</p> <table border="1"> <tr> <td>NAME</td> <td colspan="3">Trinidad Arriola-Kern Fenwick & West LLP</td> </tr> <tr> <td>ADDRESS</td> <td colspan="3">Two Palo Alto Square</td> </tr> <tr> <td>CITY</td> <td>Palo Alto</td> <td>STATE</td> <td>CA</td> </tr> <tr> <td>COUNTRY</td> <td>U.S.A.</td> <td>TELEPHONE</td> <td>(650) 858-7666</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="2">Trinidad Arriola-Kern</td> <td>Registration No. (Attorney/Agent)</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> <td>Date</td> </tr> <tr> <td></td> <td colspan="2"></td> <td>1/29/99</td> </tr> </table> </p>		NAME	Trinidad Arriola-Kern Fenwick & West LLP			ADDRESS	Two Palo Alto Square			CITY	Palo Alto	STATE	CA	COUNTRY	U.S.A.	TELEPHONE	(650) 858-7666	Name (Print/Type)	Trinidad Arriola-Kern		Registration No. (Attorney/Agent)	Signature			Date				1/29/99	<p>6. <input checked="" type="checkbox"/> Assignment & PTO-1595</p> <p>7. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>8. <input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Citation(s)</p> <p>9. <input type="checkbox"/> Preliminary Amendment</p> <p>10. Small Entity Statement <p><input checked="" type="checkbox"/> New Statement enclosed</p> <p><input type="checkbox"/> Statement filed in prior application. Status still proper and desired</p> </p> <p>11. <input checked="" type="checkbox"/> Return Postcard</p> <p>12. <input type="checkbox"/> _____</p> <p>13. <input type="checkbox"/> _____</p> <p>14. <input type="checkbox"/> _____</p> <p>15. <input type="checkbox"/> _____</p> <p>16. <input type="checkbox"/> _____</p> <p>ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231</p>	
NAME	Trinidad Arriola-Kern Fenwick & West LLP																														
ADDRESS	Two Palo Alto Square																														
CITY	Palo Alto	STATE	CA																												
COUNTRY	U.S.A.	TELEPHONE	(650) 858-7666																												
Name (Print/Type)	Trinidad Arriola-Kern		Registration No. (Attorney/Agent)																												
Signature			Date																												
			1/29/99																												

0002/PTO(modified) Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Complete if Known	
FEES TRANSMITTAL		Application Number	Not Yet Known
		Filing Date	January 29, 1999
		First Named Inventor	Alex E. Henderson
		Group Art Unit	Not Yet Known
		Examiner Name	Not Yet Known
TOTAL AMOUNT OF PAYMENT Subtotal (1) + Subtotal (2) + Subtotal (3) = (\$1,347.00)		Attorney Docket Number	3625

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																												
1. The Commissioner is hereby authorized to: <p><input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17 or credit any over payments to the below mentioned deposit account.¹</p> <p><input type="checkbox"/> Charge the Issue Fee set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b) to the below mentioned deposit account.</p>		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee Code/Fee</th> <th>Small Entity Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr><td>105/\$130</td><td>205/\$65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127/\$50</td><td>227/\$25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>147/\$2,520</td><td>147/\$2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>115/\$110</td><td>215/\$55</td><td>Extension for response within first month[†]</td><td></td></tr> <tr><td>116/\$380</td><td>216/\$190</td><td>Extension for response within second month[†]</td><td></td></tr> <tr><td>117/\$870</td><td>217/\$435</td><td>Extension for response within third month[†]</td><td></td></tr> <tr><td>118/\$1,360</td><td>218/\$680</td><td>Extension for response within fourth month[†]</td><td></td></tr> <tr><td>128/\$1,850</td><td>228/\$925</td><td>Extension for response within fifth month[†]</td><td></td></tr> <tr><td>119/\$300</td><td>219/\$150</td><td>Notice of Appeal</td><td></td></tr> <tr><td>141/\$1,210</td><td>241/\$605</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr> <tr><td>142/\$1,210</td><td>242/\$605</td><td>Utility Issue Fee (Or Reissue)</td><td></td></tr> <tr><td>143/\$430</td><td>243/\$215</td><td>Design Issue Fee</td><td></td></tr> <tr><td>122/\$130</td><td>122/\$130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123/\$50</td><td>123/\$50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126/\$240</td><td>126/\$240</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>581/\$40</td><td>581/\$40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40</td></tr> <tr><td>146/\$760</td><td>246/\$380</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149/\$760</td><td>249/\$380</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="2" style="text-align: center;">Other fee (specify):</td><td colspan="2"></td><td></td></tr> <tr><td colspan="2" style="text-align: center;">Other fee (specify):</td><td colspan="2"></td><td></td></tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1) (\$380)</td> <td colspan="3" style="text-align: right;">SUBTOTAL (3) (\$40)</td> </tr> <tr> <td colspan="2"> 2. CLAIMS <table border="1"> <thead> <tr> <th>Large Entity Fee Code/Fee</th> <th>Small Entity Fee Code/Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr> <tr><td>102/\$78</td><td>202/\$39</td><td>Independent claims in excess of 3</td></tr> <tr><td>104/\$260</td><td>204/\$130</td><td>Multiple dependent claim</td></tr> <tr><td>109/\$78</td><td>209/\$39</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> </td> <td colspan="3"> <table border="1"> <thead> <tr> <th rowspan="2">For</th> <th rowspan="2">No. of Existing Claims</th> <th rowspan="2">minus*</th> <th>(Col. 1)</th> <th>(Col. 2)</th> <th>(Col. 3)</th> <th rowspan="2">Fee Due</th> </tr> <tr> <th>Highest No. Previously Paid For</th> <th>Extra**</th> <th>Fee</th> </tr> </thead> <tbody> <tr><td>TOTAL</td><td>71</td><td></td><td></td><td>51</td><td>x 9</td><td>= 459</td></tr> <tr><td>INDEP</td><td>15</td><td></td><td></td><td>12</td><td>x 39</td><td>= 468</td></tr> <tr><td colspan="7" style="text-align: center;">[] First presentation of multiple dependent claim</td></tr> </tbody> </table> </td> </tr> <tr> <td colspan="2"></td> <td colspan="3" style="text-align: right;">SUBTOTAL (2) (\$927)</td> </tr> <tr> <td colspan="2"></td> <td colspan="3" style="text-align: center;">* Subtract the greater number of Col. 2 ** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3</td> </tr> <tr> <td colspan="4"> SUBMITTED BY Typed or Printed Name Trinidad Arriola-Kern </td> <td style="text-align: center;">Complete (if applicable)</td> </tr> <tr> <td>Signature</td> <td colspan="3">  </td> <td>Reg. Number P-44,012</td> </tr> <tr> <td>Date</td> <td colspan="3"></td> <td>1/29/99</td> </tr> </tbody> </table>			Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due	105/\$130	205/\$65	Surcharge - late filing fee or oath		127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet		147/\$2,520	147/\$2,520	For filing a request for reexamination		115/\$110	215/\$55	Extension for response within first month [†]		116/\$380	216/\$190	Extension for response within second month [†]		117/\$870	217/\$435	Extension for response within third month [†]		118/\$1,360	218/\$680	Extension for response within fourth month [†]		128/\$1,850	228/\$925	Extension for response within fifth month [†]		119/\$300	219/\$150	Notice of Appeal		141/\$1,210	241/\$605	Petition to revive unintentionally abandoned application		142/\$1,210	242/\$605	Utility Issue Fee (Or Reissue)		143/\$430	243/\$215	Design Issue Fee		122/\$130	122/\$130	Petitions to the Commissioner		123/\$50	123/\$50	Petitions related to provisional applications		126/\$240	126/\$240	Submission of Information Disclosure Statement		581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	40	146/\$760	246/\$380	Filing a submission after final rejection (37 CFR 1.129(a))		149/\$760	249/\$380	For each additional invention to be examined (37 CFR 1.129(b))		Other fee (specify):					Other fee (specify):					SUBTOTAL (1) (\$380)		SUBTOTAL (3) (\$40)			2. CLAIMS <table border="1"> <thead> <tr> <th>Large Entity Fee Code/Fee</th> <th>Small Entity Fee Code/Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr> <tr><td>102/\$78</td><td>202/\$39</td><td>Independent claims in excess of 3</td></tr> <tr><td>104/\$260</td><td>204/\$130</td><td>Multiple dependent claim</td></tr> <tr><td>109/\$78</td><td>209/\$39</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table>		Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	103/\$18	203/\$9	Claims in excess of 20	102/\$78	202/\$39	Independent claims in excess of 3	104/\$260	204/\$130	Multiple dependent claim	109/\$78	209/\$39	Reissue independent claims over original patent	110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent	<table border="1"> <thead> <tr> <th rowspan="2">For</th> <th rowspan="2">No. of Existing Claims</th> <th rowspan="2">minus*</th> <th>(Col. 1)</th> <th>(Col. 2)</th> <th>(Col. 3)</th> <th rowspan="2">Fee Due</th> </tr> <tr> <th>Highest No. Previously Paid For</th> <th>Extra**</th> <th>Fee</th> </tr> </thead> <tbody> <tr><td>TOTAL</td><td>71</td><td></td><td></td><td>51</td><td>x 9</td><td>= 459</td></tr> <tr><td>INDEP</td><td>15</td><td></td><td></td><td>12</td><td>x 39</td><td>= 468</td></tr> <tr><td colspan="7" style="text-align: center;">[] First presentation of multiple dependent claim</td></tr> </tbody> </table>			For	No. of Existing Claims	minus*	(Col. 1)	(Col. 2)	(Col. 3)	Fee Due	Highest No. Previously Paid For	Extra**	Fee	TOTAL	71			51	x 9	= 459	INDEP	15			12	x 39	= 468	[] First presentation of multiple dependent claim									SUBTOTAL (2) (\$927)					* Subtract the greater number of Col. 2 ** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3			SUBMITTED BY Typed or Printed Name Trinidad Arriola-Kern				Complete (if applicable)	Signature				Reg. Number P-44,012	Date				1/29/99
Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due																																																																																																																																																																											
105/\$130	205/\$65	Surcharge - late filing fee or oath																																																																																																																																																																												
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet																																																																																																																																																																												
147/\$2,520	147/\$2,520	For filing a request for reexamination																																																																																																																																																																												
115/\$110	215/\$55	Extension for response within first month [†]																																																																																																																																																																												
116/\$380	216/\$190	Extension for response within second month [†]																																																																																																																																																																												
117/\$870	217/\$435	Extension for response within third month [†]																																																																																																																																																																												
118/\$1,360	218/\$680	Extension for response within fourth month [†]																																																																																																																																																																												
128/\$1,850	228/\$925	Extension for response within fifth month [†]																																																																																																																																																																												
119/\$300	219/\$150	Notice of Appeal																																																																																																																																																																												
141/\$1,210	241/\$605	Petition to revive unintentionally abandoned application																																																																																																																																																																												
142/\$1,210	242/\$605	Utility Issue Fee (Or Reissue)																																																																																																																																																																												
143/\$430	243/\$215	Design Issue Fee																																																																																																																																																																												
122/\$130	122/\$130	Petitions to the Commissioner																																																																																																																																																																												
123/\$50	123/\$50	Petitions related to provisional applications																																																																																																																																																																												
126/\$240	126/\$240	Submission of Information Disclosure Statement																																																																																																																																																																												
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	40																																																																																																																																																																											
146/\$760	246/\$380	Filing a submission after final rejection (37 CFR 1.129(a))																																																																																																																																																																												
149/\$760	249/\$380	For each additional invention to be examined (37 CFR 1.129(b))																																																																																																																																																																												
Other fee (specify):																																																																																																																																																																														
Other fee (specify):																																																																																																																																																																														
SUBTOTAL (1) (\$380)		SUBTOTAL (3) (\$40)																																																																																																																																																																												
2. CLAIMS <table border="1"> <thead> <tr> <th>Large Entity Fee Code/Fee</th> <th>Small Entity Fee Code/Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr> <tr><td>102/\$78</td><td>202/\$39</td><td>Independent claims in excess of 3</td></tr> <tr><td>104/\$260</td><td>204/\$130</td><td>Multiple dependent claim</td></tr> <tr><td>109/\$78</td><td>209/\$39</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table>		Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	103/\$18	203/\$9	Claims in excess of 20	102/\$78	202/\$39	Independent claims in excess of 3	104/\$260	204/\$130	Multiple dependent claim	109/\$78	209/\$39	Reissue independent claims over original patent	110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent	<table border="1"> <thead> <tr> <th rowspan="2">For</th> <th rowspan="2">No. of Existing Claims</th> <th rowspan="2">minus*</th> <th>(Col. 1)</th> <th>(Col. 2)</th> <th>(Col. 3)</th> <th rowspan="2">Fee Due</th> </tr> <tr> <th>Highest No. Previously Paid For</th> <th>Extra**</th> <th>Fee</th> </tr> </thead> <tbody> <tr><td>TOTAL</td><td>71</td><td></td><td></td><td>51</td><td>x 9</td><td>= 459</td></tr> <tr><td>INDEP</td><td>15</td><td></td><td></td><td>12</td><td>x 39</td><td>= 468</td></tr> <tr><td colspan="7" style="text-align: center;">[] First presentation of multiple dependent claim</td></tr> </tbody> </table>			For	No. of Existing Claims	minus*	(Col. 1)	(Col. 2)	(Col. 3)	Fee Due	Highest No. Previously Paid For	Extra**	Fee	TOTAL	71			51	x 9	= 459	INDEP	15			12	x 39	= 468	[] First presentation of multiple dependent claim																																																																																																																															
Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description																																																																																																																																																																												
103/\$18	203/\$9	Claims in excess of 20																																																																																																																																																																												
102/\$78	202/\$39	Independent claims in excess of 3																																																																																																																																																																												
104/\$260	204/\$130	Multiple dependent claim																																																																																																																																																																												
109/\$78	209/\$39	Reissue independent claims over original patent																																																																																																																																																																												
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent																																																																																																																																																																												
For	No. of Existing Claims	minus*	(Col. 1)	(Col. 2)	(Col. 3)	Fee Due																																																																																																																																																																								
			Highest No. Previously Paid For	Extra**	Fee																																																																																																																																																																									
TOTAL	71			51	x 9	= 459																																																																																																																																																																								
INDEP	15			12	x 39	= 468																																																																																																																																																																								
[] First presentation of multiple dependent claim																																																																																																																																																																														
		SUBTOTAL (2) (\$927)																																																																																																																																																																												
		* Subtract the greater number of Col. 2 ** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3																																																																																																																																																																												
SUBMITTED BY Typed or Printed Name Trinidad Arriola-Kern				Complete (if applicable)																																																																																																																																																																										
Signature				Reg. Number P-44,012																																																																																																																																																																										
Date				1/29/99																																																																																																																																																																										

¹Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby